

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10 665 667 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	3					
TOTAL DEP.	5					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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